

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	IND	DEP	IND	DEP	IND	DEP	51						
2							52						
3							53						
4	X	X					54						
5	X	X					55						
6	X	X					56						
7	X	X					57						
8							58						
9	X	X					59						
10							60						
11	X	X					61						
12	X	X					62						
13							63						
14							64						
15							65						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓	↓	↓	↓	↓	↓